DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS BATTALION
10TH MOUNTAIN DIVISION (LIGHT INFANTRY)
FORT DRUM, NEW YORK 13602-5000

AFDR-CG 8 SEP 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Letter #8, Increased Leader Visibility of Suicidal Soldiers and Dissemination of Lessons Learned

1. This policy letter remains in effect until rescinded or superseded

2. APPLICABILITY. This policy letter applies to all personnel assigned to, attached to, or under the administrative control of The 10th Mountain Division (LI).

3. PURPOSE. This policy letter presents guidance and establishes policy towards establishing health promotion, risk reduction, and suicide prevention efforts, improving the physical, behavioral, spiritual, environmental, and social health of all 10th MTN DIV (LI) Soldiers, Family Members, and Army Civilians.

4. BACKGROUND. Any Soldier could have internal struggles that are not obvious to casual observers. When those struggles are compounded by additional stressors their coping mechanisms may become overwhelmed. Leader interviews are one way for leaders to learn and address significant individual or systemic issues which may not be otherwise readily apparent.

5. POLICY.

a. Triggering event

1. When a leader is concerned for suicidality, or a Soldier expresses suicidal ideations, that Soldier will be evaluated utilizing the 10MTN CSSRS/ACE card and triaged based on their response. An appropriate CCIR will be submitted following the triggering event.

2. In the event a Soldier has disclosed, or is interrupted during a suicide attempt, responding Soldiers should immediately call 911 while providing personal support. The Soldier should be transferred via ambulance in all but extreme mitigating circumstances.

3. Upon receiving the CCIR or notification from command, the Division Psychiatrist and the Installation Director of Psychological Health will provide the final classification between ideation and attempt in accordance with DHA definitions using all available information.

b. Leader Visibility

1. For every suicidal ideation that leads to a hospital evaluation or admission, the Soldier's Battalion Commander will conduct an individual Soldier interview with the goal of providing support and seeking to understanding contributing factors. This interview is expected to occur within ten days of the event.

2. For every suicide attempt, the Soldier's Brigade Commander will conduct an individual Soldier interview with the goal of providing support and seeking to understanding contributing factors. This interview is expected to occur within ten days of the event.

3. The interview is not to be scripted. The goal is a conversation with open-ended and clarifying questions in hopes of discovering any issues or trends.

a. Five key stressors to consider as a framework for determining contributing factors: relationship challenges or issues, military or civil legal stressors, financial stressors, abuse (childhood, unit, spouse, etc.), alcohol or other substance use, access to a weapon or means, and enlistment history (waivers, recruiter promises, challenges prior to enlistment, etc.)

b. Some examples of questions could include the following: tell me about your upbringing, tell me about your family, why did you join the Army, what have you done well since joining, what is your 20 year plan, what could the unit do better, what would keep you in the Army for 20+ years, is there anything that we could do to make you feel more a part of the team?

c. Key questions for leaders consider following the interview: what do we know now, what did we not know at the time of the event, what did we wish we had done but didn't do, what lessons were learned from this loss, and was the Soldier part of a cohesive team considering the entire golden triangle (squad, battle buddy, family).

4. Following a leader interview, a brief synopsis of the interaction will be submitted to the Division Psychiatrist and Division Commander to help identify any trends or lessons learned that can be shared across the Installation. Any lessons learned will be de-identified so that they cannot be clearly traced back to any individual. An example of a synopsis is provided as an attachment.

c. Suicide Response Team (SRT)

1. In addition to the Commander interview and in accordance with the Suicide Prevention Policy, following a suicide death a (SRT) will convene to assess from a broad perspective what happened, contributing factors, lessons learned, and to discuss a way forward for the Soldier. This meeting will be chaired by the Deputy Commanding General – Support. The SRT is expected to occur within 30 days of a fatality. Lessons learned will be compiled and disseminated to Battalion and Brigade Commanders.

d. Data Tracking

1. The Suicide Prevention Program will be the main component for all data tracking given their continuity and longevity on the installation. They will continue to track all suicides, suicide attempts, and suicide ideations along with pertinent demographics as provided by the unit for trend analysis. They will also track completion of the leader interview with a summary provided to the Division Commander from the Division Psychiatrist on a monthly basis.

2. All Brigades and Battalions will continue to track Soldiers who have had suicidal thoughts or behaviors at their wellness meetings until the Soldier is no longer deemed as high risk by behavioral health.

6. PROPONENT. The proponent for this policy letter is MAJ Peter Gertonson, 10MTN Division Psychiatrist. The proponent can be contacted at 315-955-3645.

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MILFORD H. BEAGLE, JR.
Major General, USA
Commanding General

Leader Interview Synopsis Example

Incident: This is my xx self-harm interview from Fort Drum. On the evening of 1SEP, SGT Smith stated that he wanted to kill himself at Company HQ or took pills in an attempt to overdose and die in his barracks room. He did inform cadre who immediately moved to the Soldier's location while calling 911 for medical support. From there Soldier was transported to SMC where they were admitted. He returned on 5SEP and interviews were conducted with SGT Jones on 8 SEP 2021.

Who: SGT Smith, 22-yr old white male from NC, Currently E Co, 120 SPT BN as of 3 JUL 2021; Previously B Co, 3-34th IN

BLUF: SGT Smith had a total of one attempt (swallowed ~20 800mg ibuprofen). He arrived at the 120th as part of a rehabilitative transfer for EO concerns. He had documented depression and suicide attempt prior to service.

Background:
SGT Smith grew up as a military dependent. He joined the Army to follow in his father's footsteps and to be able to provide for his two children (ages 3 and 4 years of ages). SGT Smith shared that the trigger for the impulsive behavior (swallowing pills) was overhearing a conversation where someone made a claim about of friend who had "blown his head off". He shared that his/her friend committed suicide by gunshot while talking to him on the phone when he was in high school. He now feels that he does not want to hurt himself but does not really regret the attempt. His future goal is to go to air assault and then attend college following ETS.

Assessment: SGT Smith has been placed on the unit's high risk tracker and is regularly discussed at the Company and Battalion wellness meetings. The Soldier reports that SGT Jones and SSG Snuffy are people he can talk to and confide in. The Soldier is engaged with BH to ensure he remains stable and is receiving appropriate care. He is receiving both therapy and medication following this event. He was command referred to FAP/SUDCC based on the event. After discussing with SGT Smith, we reached out to SGT Smith's spouse for additional details and ideas for support. The Command would like to retain the Soldier and BH providers do not recommend chapter separation or recommend the initiation of a medboard at this time.